

# M-1009, AFFIDAVIT CLAIMING LOST, DESTROYED, NOT RECEIVED, OR STOLEN STATE TREASURER'S WARRANTS

MICHIGAN DEPARTMENT OF TREASURY, FOD M-1009 (Rev. 10-98) Previous edition obsolete.		AFFIDAVIT CLAIMING LOST, DESTROYED, NOT RECEIVED, OR STOLEN STATE TREASURER'S WARRANT	
1. Undeliverable <input type="checkbox"/> Stop Voided and Rewrite Accepted		2. Disp. Code <b>U-</b>	3. CIS Transaction No.
ORIGINAL WARRANT INFORMATION:			
4. Bank/Warrant Number	5. Warrant Date	6. Warrant Amount	7. Original Payee Name(s)
CASE AND PROVIDER/VENDOR INFORMATION:			
8. Case Number	9. Case Name	10. Program	
11. Provider/Vendor Number	12. Provider/Vendor Name		
REASON FOR STOP: (Check only one)			
13. <input type="checkbox"/> 1-LOST <input type="checkbox"/> 2-STOLEN		WAS LOSS REPORTED TO LOCAL POLICE? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO WAS WARRANT ENDORSED BY PAYEE? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. <input type="checkbox"/> 5-NOT RECEIVED		WAS LOCAL POST OFFICE CONTACTED? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. <input type="checkbox"/> 6-DESTROYED	16. <input type="checkbox"/> 8-OTHER: (Explain and forward to Central Office)		
MAILING REWRITE INFORMATION: (Please write in capital letters)			
17. First Payee Name (Last name first)		19. Send Replacement to Local Office?	
18. Second Payee name (Services Only)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
20. In Care Of/Apt. No. or for Vendor Warrants, Case Name			
21. Delivery Address (No. and Street or P.O. Box)			
22. City		23. State	24. Zip Code
25. Worker Signature	Date	26. Worker Load No.	28. Supervisor Signature
		27. Worker Phone No.	Date
AFFIDAVIT:			
29. Report of Lost, Destroyed, Not Received or Stolen State Warrant (the following report must be written in ink by the payee).			
Known Facts: _____			
Payee's Deposition:			
• I(we) _____ being duly sworn, depose and say:			
(Payee Must Print Name)			
• That I(we) have not received, directly or indirectly, the money or any portion of the money in the warrant. • That I(we) am the payee named in the above warrant issued by the State Treasurer and that warrant has not been assigned, transferred or set over by me(us) to anyone and that I(we) am the lawful owner. • Based on the above statements, I(we) request that the State Treasurer issue a replacement warrant. • I(we) agree that if the above warrant is found I(we) will return it promptly to the State Treasurer to be cancelled. • I(we) understand that if any of the statements in this affidavit are false or misleading, the State Treasurer may demand immediate reimbursement for any funds spent based on my(our) statements. • I(we) further understand that if any of the false or misleading statements were made with intent to defraud the State of Michigan, the State Treasurer may request prosecution to the full extent of the law.			
ALL INFORMATION BELOW MUST BE IN INK AND ON EACH COPY			
30. Signature of Payee(s) on Warrant (Sign in Ink on All Copies)		31. Date	
32. Notary Signature (Sign in Ink on All Copies)	33. Notary Public In and For the Michigan County of:	34. My Commission Expires:	35. Subscribed and Sworn To Me on This Date
36. Notary Stamp	AUTHORITY: PA 174 of 1962, R400.3004, 3104 MAC COMPLETION: Mandatory PENALTY: No reissuance of warrant.		
The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.			
DISTRIBUTION: PARTS 1 & 2 - Stop Accepted - Warrant Control, Central Office Undeliverable - Case Record PART 3 - Case Record PART 4 - Local Fiscal Unit PART 5 - Payee/Client			

## INTRODUCTION

Use the M-1009 to:

- request a stop payment on a warrant the payee reports is lost, stolen, destroyed or not received; and
- initiate replacement of the stopped warrant.

Data elements must be typed or printed in ink. The payee completes Item 29 and must sign and date each copy of the M-1009 in ink in the presence of a notary public. The notary public must sign each copy of the form in ink. The form must be completed and signed in the local office unless the payee is a Friend of the Court or resides outside the county.

## INSTRUCTIONS

<u>Item Number</u>	<u>Item and Instruction</u>
Unnumbered	Enter the county name in the unnumbered section in the upper left hand corner of the form, after "County of. . ."
1	<b>Undeliverable.</b> Check this box when the warrant is undeliverable at the time of the stop payment transaction.
2	<b>Disp. Code.</b> Enter the undeliverable warrant disposition code in this field when the warrant is undeliverable at the time of the stop payment transaction.
3	<b>CIS Transaction No.</b> Enter the accepted transaction number.
4	<b>Warrant No.</b> Enter the number of warrant requiring replacement. Warrant numbers are identified on CIS, the Child Support Payment Report and Report DL-220, Monthly Revenued Child Support Payments.
5	<b>Warrant Date.</b> Enter the six digit warrant date: month, day and year.
6	<b>Warrant Amount.</b> Enter the amount of the warrant requested for replacement.
7	<b>Original Payee Name(s).</b> Enter the name of the payee as listed on the warrant reported lost, stolen, destroyed or not received.
8	<b>Case Number.</b> Enter the nine-position DSS case number.
9	<b>Case Name.</b> Enter the DSS case name, last name first.
10	<b>Prog.</b> Enter "C."
11 & 12	<b>Provider Vendor Number &amp; Name.</b> Leave blank.
13-16	<b>Reason for Stop Payment:</b>
13	<b>Lost/Stolen.</b> Check the applicable box if the payee reported the warrant as lost or stolen. Indicate whether or not the loss was reported to the police.

**Note:** Warrants lost or stolen after endorsement are not replaced unless subsequently credited. Use the DSS-138 to request replacement

of a credited warrant. Otherwise, terminate replacement activities if the payee indicates that warrant was endorsed.

- 14 **Not Received.** Check this box if the payee did not receive the warrant and there is no reason to believe that it was stolen. Indicate if post office was contacted.
- 15 **Destroyed.** Check this box if the warrant was destroyed or mutilated.
- 16 **Other.** Check this box if 13-15 do not apply and attach a cover memo explaining circumstances that cannot be handled locally.
- 17 **First Payee Name.** Enter the client name (last name first) or Friend of the Court to be printed on the replacement warrant.
- 18 **Second Payee Name.** Leave blank.
- 19 **Send Replacement to Local Office.** Check box next to "Yes" or "No" as applicable.
- 20 **In Care of/Apt. No.** If applicable, enter the in care of or apartment number address.
- 21-24 **Delivery Address/City/State/Zip Code.** Enter the complete delivery address for the replacement warrant.
- 25 **Worker Signature & Date.** The support specialist must sign and date this item.
- 26 **Worker Load No.** Enter AP load number (Co/Dist/Unit/Wkr) if available or leave blank.
- 27 **Worker Phone No.** Enter the telephone number, including area code, of the support specialist requesting the replacement warrant.
- 28 **Supervisor Signature & Date.** OCS District Manager or other supervisor.
- 29 **Report of Lost, Destroyed, Not Received or Stolen Warrant.** The payee must complete this section giving the known facts regarding the alleged loss or theft of the warrant and print his or her name in the Payee Deposition item.
- Exception:** If a client cannot write, the support specialist must record the client's statement and indicate the section was NOT completed by the client.
- 30-31 **Signature of Payee on Warrant and Date.** The payee must date and sign, or enter his/her mark if unable to write, in ink on each copy in the presence of the notary public. Before signing, the payee must read the

affidavit of stipulations. If the payee cannot read, the support specialists must read and explain the stipulations to the payee.

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**Notarization.** The notary public witnesses the payee sign each copy and then signs each copy in ink and enters the applicable county and dates.

## DISTRIBUTION

Parts 1 & 2

If the stop payment is accepted, forward parts 1 and 2 to the Warrant Control Unit in Central Office as soon as possible after CIS input.

Part 3

File in the case record.

Part 4

If the stop payment is accepted, forward part 4 to the local fiscal unit. If the stop payment is rejected because the warrant is undeliverable, discard copy 4.

Part 5

Give or mail to the payee immediately after completion.